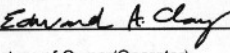
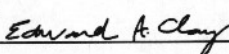


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 11-22-22	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>Leigh Mall</b>				
Address: <b>1404 Old Aberdeen Road</b>				
City: <b>Columbus</b>		State: <b>MS</b>	Zip: <b>39705</b>	
Site Location: <b>Retail Store</b>		Tel: <b>662-386-1221</b>		
Building Size: <b>Appx 45,000 sq ft</b>		# of Floors: <b>1</b>	Age in Years: <b>50</b>	
Present Use: <b>Vacant</b>		Prior Use: <b>J C Penney</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Hull Property Group</b>				
Address: <b>1190 Interstate Parkway</b>				
City: <b>Augusta</b>		State: <b>GA</b>	Zip: <b>30909</b>	
Contact: <b>Greg Hall</b>		Tel: <b>706-755-6797</b>		
ASBESTOS REMOVAL CONTRACTOR: <b>EAC Environmental</b>				
Address: <b>4546 Cal Steens Road</b>				
City: <b>Caledonia</b>		State: <b>MS</b>	Zip: <b>39740</b>	
Contact: <b>Ed Clay</b>		Tel: <b>662-386-6386</b>		
Certification Number: <b>ABC 00005192</b>			Expiration Date: <b>12-06-22</b>	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>yes</b>			Inspection Date: <b>03-10-22</b>	
Inspector: <b>Steve Conner</b>		Certification Number: <b>ABI-00002481</b>	Expiration Date: <b>12-02-22</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
<b>Drywall, Joint Compound, Acoustical tiles, Floor tile, and Mastic</b>				
<b>Analyzed by PLM</b>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): <b>appx 20,000</b>		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>12-06-22</b>			Complete: <b>12-17-22</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>N/A</b>			Complete:	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
Remove floor tile and mastic using wet method and hand tools		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
Contain work area, Air Scrubbers, Wet method Removal, Double Bag in 6mil poly		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: EAC Environmental		
Address: 4546 Cal Steens Road		
City: Caledonia	State: MS	Zip: 39740
Contact Person: Ed Clay	Tel: 662-386-6386	
<b>WASTE TRANSPORTER #2</b>		
Name: Waste Pro		
Address: 1600 12th Avenue South		
City: Columbus	State: MS	Zip: 39701
Contact Person: RuthAnn Faris	Tel: 662-328-5528	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: RoBo Landfill		
Address: 6447 Wahalak Road		
City: Scooba	State: MS	Zip: 39358
Contact Person: Roland Edmonds	Tel: 662-793-4795	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
Date and Hour of Emergency (MM/DD/YY):		
Description of the sudden unexpected event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
<b>XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:</b>		
Contain material, notify owner and MDEQ		
<b>XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.</b>		
Edward A. Clay		11-22-22
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Edward A. Clay		11-22-22
Type or Print Name	(Signature of Owner/Operator)	(Date)